

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

CD-ROM or CD-R?:: None

Number of CD Disks:: 0

Number of Copies of CDs:: 0

Sequence Submission?:: No

Computer Readable Form (CRF)?:: No

Number of Copies of CRF:: 0

Title:: Aqueous Solutions for Reducing the
Rate of Oxygen Loss, and Methods
Thereof

Attorney Docket Number:: INL-059

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 2

Small Entity?:: No

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Korea

Status:: Full Capacity

Given Name:: Jungwon

Middle Name::

Family Name:: Shin

Name Suffix::
City of Residence:: Andover
State or Province of Residence:: MA
Country of Residence:: U.S.A.
Street of Mailing Address:: 37 Maple Avenue, #8
City of Mailing Address:: Andover
State or Province of Mailing Address:: MA
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 01810

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.A.
Status:: Full Capacity
Given Name:: Sohrab
Middle Name::
Family Name:: Mansouri

Name Suffix::
City of Residence:: Sudbury
State or Province of Residence:: MA
Country of Residence:: Sudbury
Street of Mailing Address:: 34 Anselm Way
City of Mailing Address:: Sudbury
State or Province of Mailing Address:: MA
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 01776

Applicant Authority Type:: Inventor
Primary Citizenship Country:: U.S.A.
Status:: Full Capacity
Given Name:: Dennis
Middle Name::
Family Name:: Conlon
Name Suffix::

City of Residence:: Shirley
 State or Province of Residence:: MA
 Country of Residence:: U.S.A.
 Street of Mailing Address:: 6 Amanda Lane
 City of Mailing Address:: Shirley
 State or Province of Mailing Address:: MA
 Country of Mailing Address:: U.S.A.
 Postal or Zip Code of Mailing Address:: 01464

Correspondence Information

Correspondence Customer Number:: 021323

Representative Information

Representative Customer Number:: 021323

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|-------------------|----------------------|----------------------|
| This application | Non-Provision of | 60/398,661 | 07/26/2002 |
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Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| | | MM/DD/YY | |
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Assignee Information

Assignee Name:: Instrumentation Laboratory Company
 City of Mailing Address:: Lexington
 State or Province of Mailing Address:: MA
 Country of Mailing Address:: U.S.A.